

CLAIMS ONLY						Application Number 10 692817	Filing Date			
						Applicant(s)				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	*		*	*
1						51	Indep	Depend	Indep	Depend
2						52				
3						53				
4						54				
5						55				
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43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
Total Indep	2					Total Indep				
Total Depend	10					Total Depend				
Total Claims	12					Total Claims				